

found in the right lobe of cerebellum ; in this case the pus had found its way into the fourth ventricle. These cases are interesting, but call for no further comment. B. S.

#### MENTAL PATHOLOGY.

**Schools in Hospitals for the Insane.** Dr. J. B. ANDREWS (Buffalo, New York, Insane Hospital, 1884, Report) says concerning the school recently established in his hospital :

"The school is held in one of the dining-rooms during the morning hours. The teacher is an attendant upon the ward who has had experience in one of the schools of Buffalo. The order and good conduct observed are the same as exist in outside schools." We do not speak of this effort as any thing new or to compare it to what is being done in some other institutions, but simply to note it as among the means of occupation found useful in certain cases. It assimilates the life of these younger people to that of others of the same age or to their former life outside the asylum, and they certainly derive benefit from this mental effort. This was recognized by Dr. Brigham, who states (Utica Asylum Annual Report, 1844) : "The school is beneficial especially to the convalescent, those that are melancholy, and those who appear to be losing their mental powers and sinking into a demented condition. Those who have recovered but continue with us for fear of a relapse, and to test the permanency of their recovery, derive both pleasure and profit from attending. Those that are melancholy and depressed are beguiled from their sorrows, and for a while made to forget them, and thus the way is often prepared for their restoration. Those who appear to be losing in mental power are much benefited by the daily and regular exercise of their minds ; their memories improve, and they become more active and cheerful. The want of proper mental occupation according to our observation is one of the most pressing wants of lunatic asylums." Since this was written schools have been included among the means of moral treatment in several asylums, but it remained for Dr. Lalor, to elevate it to such prominence that the Richmond District Lunatic Asylum in Dublin, Ireland, is noted for its regular systematic instruction given to a large number of patients. In his hands it has proved an invaluable agent of treatment. Dr. Dwyer, of the Mullingar District Asylum, Ireland, has met with such success that he writes : "While I am on the subject of schools I cannot refrain from expressing my astonishment that every well-organized asylum has not its school. I have seen wonderful results from schools." Pinel says : "Thirty years' experience has taught me that a striking analogy subsists between the act of educating and teaching the young and that of managing the insane, as the same principles are applicable to both." This analogy is constantly noted by those who have charge of the insane, but all do not recognize it as so far-reaching as to warrant the effort to teach all of the insane. The different

classes of patients treated in different institutions will always and very properly lead to diversity of practice as to the numbers taught in schools. Despite the beneficial results of these schools they were, as has been pointed out in this JOURNAL, abandoned by Dr. Gray because of his coarse materialistic views of insanity.

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**Somatic Disease and Insanity.** Dr. T. S. CLOUSTON (Morningside Asylum Report, 1884,) has had one case of a very unfavorable character, which made a most complete and unexpected recovery. She came from another asylum with a bad history. To every question put to her she would only answer: "Tak awa' my life." She would not occupy herself in any work. She was constantly attempting to end her existence. She slept little, and looked the very picture of utter despair. He often pointed her out as a person who did not need to go to Hades to be made as miserable as it was possible for a human being to be, and live. She needed constant watching by night and day. Her misery was so great, and had continued so long, that her attitude and features were getting fixedly those of profound mental depression. I must say I had put her down as incurable, and thought that she was one of the cases that some day would evade the attendants' watchfulness, and succeed in her great desire. But she took a disease, with intense feverishness, and was for weeks between life and death. As she recovered from the bodily disease, she got far stronger and more healthy than she had been since her mental trouble began, and the depression with the suicidal feelings passed off, while her attitude became erect and hopeful, and her face calm. She began to employ herself, and made a perfect recovery in body and mind at last, and keeps well in America, where she went, up to this time. The cure of this case prevents one losing hope about many others. There are such examples in insanity, as in other diseases, of a new complaint arising, especially if it is sharp and febrile, and producing a constitutional change which cures the mental disease. Indeed he believes it to be one of the hopes of cure of many cases in the future, that there will be discovered some means of causing a manageable fever, and so producing such a change in the general nutrition as will tend towards recovery from the mental disease. He is never better pleased than to see a crop of boils, for instance, coming out in a case that is hanging fire as regards recovery.

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**Idiot Brains.** Dr. A. W. WILMARTH (*Medical and Surgical Reporter*, May 9, 1885) states that it is in the arrangement of the convolutions that some of the most interesting features are met. In congenital imbeciles, and particularly in idiots, striking differences are found. One type of brain, in this class of children, is very simple in its outward configuration. The convolutions are usually coarse, but little convoluted, and comparatively free from secondary folds. The fissures tend to assume a confluent type, as in lower grades of intellect, and this tendency increases.

Another variety, found so far among the lowest grades of idiocy, might well be termed an "atypic" variety. The brain previously described as without a corpus callosum, is a marked example of this type. In the frontal lobe of the right hemisphere the first frontal convolution is quite regular. Below this, from the centre of the lobe, seven radiating fissures pass in different directions, cutting the tube into a number of radiating convolutions, entirely different from its usual appearance. The short fissure of Sylvius, about three inches in length, passes upward, turns sharply at nearly a right angle, and passes almost directly backward. Two parallel gyri curve around its posterior extremity. The arrangement of the convolutions of the temporal and parietal lobes are so exceedingly irregular and complex, that it is impossible to classify them. In the occipital lobe, on the contrary, the gyri are complete in number and regular in their arrangement. In the left hemisphere the arrangement of the frontal convolutions is more regular, but the temporal and parietal lobes present the same complicated area of surface folding, bearing but little resemblance to the normal brain. The tendency of the convolutions to arrange themselves in parallel curves around the posterior extremity of the fissure of Sylvius, is well shown in the brain of a boy of exceedingly low intellect. The frontal lobes in this brain are proportionately large, the convolutions straight, especially the third frontal, the fissure shallow. In the left temporal lobe they are nearly obliterated from pressure of fluid in the ventricles. The ascending frontal convolution on each side appears to be wanting. On the left side a large bridging convolution crosses the middle of the fissure of Rolando. Confluence of fissure is a decided feature of idiot brains. Even where confluence is not complete, the tendency of the principal fissures to cut through separating convolutions is very evident; and were the cases where confluence is *nearly* complete included, the number would be considerably augmented. In these cases confluence is complete, and the examination comprises fifteen brains from children of all grades of imbecility. The fissure of Sylvius passes into the fissure of Rolando, in one case on both sides, in another on one side only. In two other cases they are connected by deep secondary fissures. The inter-parietalis has its origin in the fissure of Sylvius, in four cases on both sides, in five cases on one side only.

The calcarine fissure passes completely across the gyrus fornicatus; on both sides in two cases, on one side in four cases. In one case the first occipital convolution sank nearly beneath the surface, the next occipital gyrus projecting over it, forming a partial operculum. There also seems to be a strong tendency to form annectant gyri in the upper part of the parieto-occipital fissure. In no less than six hemispheres of the fifteen brains were these supplementary gyri found more or less complete. In one case on both sides, in five cases on one side, the parieto-occipital fissure cut through the first occipital convolution into the inter-parietal fissure. A tendency of the transverse occipital fissure to

approach the parieto-occipital fissure is very apparent, though in no case do they coincide. The folds of the cerebral cortex, from a lack of the stimulus of healthy growth, sometimes revert to forms resembling those found in other groups of the kingdom.

**Classification of Insanity.** Dr. H. C. WOOD (*Medical and Surgical Reporter*, Oct. 31, 1885) makes the following classification of insanity :

A. Insanities not dependent upon a previous neurotic condition. B. Insanities, the evidence of a continuous neurotic vice. B. Insanities caused by organic disease, toxæmia, or injury. A. (a) Not dependent upon evolution of life. (b) Dependent upon evolution of life. 1 a. Profound or emotional disturbance. 2 a. No emotional disturbance. Mania, melancholia, katatonia—terminating in dementia, and forming the great mass of cases of insanity. The word insanity represents all cases where there is no known organic lesion, and excludes paretic dementia, etc., where there are known organic lesions. *Katatonia* is a very peculiar and rare form of insanity, of which Dr. Wood has never seen a case, and there have been only two or three reported in Philadelphia in which the emotional nature is neither exalted nor depressed. There exists a peculiar pathetic condition. It will be obvious that this classification is modified from that of Spitzka, but Dr. Wood does not clearly recognize the essential basic principle of that classification.

**Alcoholism.** Dr. JAS. C. WILSON (*Polyclinic*, December 15, 1885) makes the following division of alcoholism :

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| <p>I. Acute alcoholism.</p> <p>(A) Ordinary typical form.</p> <p>(B) Irregular forms.</p> <p>1. Maniacal.</p> <p>2. Convulsive.</p> <p>3. In persons of unsound mind.</p> <p>(C) Acute poisoning by alcohol (lethal dose).</p> <p>II. Chronic alcoholism.</p> <p>(A) Visceral derangements.</p> <p>1. Local disorders.</p> <p>a. Of the digestive system.</p> <p>b. Of the liver.</p> <p>c. Of the respiratory organs.</p> <p>d. Of the circulatory system.</p> <p>e. Of the genito-urinary apparatus.</p> <p>2. Disorders of special structures.</p> <p>a. Of the locomotor apparatus.</p> <p>b. Of the skin.</p> | <p>(B) Derangements of the nervous system. Cerebro - spinal disorders.</p> <p>1. Cerebral disorders. Complications.</p> <p>a. Lepto-meningitis.</p> <p>b. Pachymeningitis.</p> <p>c. Epilepsy.</p> <p>d. Cerebral congestion.</p> <p>e. Cerebral softening.</p> <p>f. Sclerosis.</p> <p>2. Spinal disorders.</p> <p>3. Disorders of the special senses.</p> <p>(C) Psychical derangements.</p> <p>1. Alcoholic delirium in general.</p> <p>2. Delirium tremens.</p> <p>3. Alcoholic psychoses.</p> <p>III. Hereditary alcoholism.</p> <p>IV. Dipsomania.</p> |
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True dipsomania is not a manifestation of alcoholism, but a periodical insanity. The relations of alcohol to it are symptomatological, not ætiological.

J. G. KIERNAN.

### Drunkenness in Relation to Criminal Responsibility.

By GEO. H. SAVAGE, F.R.C.P. *Four. of Ment. Sciences*, vol. ci., p. 23.

If we read Dr. Savage's remarks correctly, he would formulate no definite rule with regard to the punishment of drunkards for acts of violence perpetrated during the intoxicated state. He would have every case tried on its own merits. He is not willing to allow that while acute drunkenness shall be no sufficient excuse for acts committed, no person shall be held responsible for an act committed during an attack of delirium tremens. "Such a patient (one who has had delirium tremens) knows from past experience what danger he runs, and, though his will-power may be weakened, yet it seems to me that in some cases persons who have committed crimes while suffering from delirium tremens might fairly be punished." Dr. Savage gives the history of three interesting criminal cases, in each of which the act for which the prisoner was indicted was committed under the influence of drink. The verdicts in these three cases differed widely enough. We make a few further quotations to show how legal opinion may differ on this subject. Justice D. decided that a crime committed during drunkenness was as much a crime as if it were committed during sobriety, and that the jury had nothing to do with the fact that the man was drunk. The prisoner was supposed to know the effect of drink, and if he took away his senses by means of drink, it was no excuse at all. Justice M. says "that a state of disease brought about by a person's own act, *e. g.*, delirium tremens, caused by excessive drinking, was no excuse for committing a crime, unless the disease so produced was permanent." This another Justice D. criticises by saying "that the question was whether there was insanity or not; that it was immaterial whether it was caused by the person himself or by the vices of his ancestors; . . . that it was immaterial whether the insanity was permanent or temporary"; he would note, furthermore, "that if a man were in such a state of intoxication that he did not know the nature of his act or that his act was wrongful, his act would be excusable."

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**The Connection between Insanity and Crime.** By WALTER CHANNING, M.D. *Reprint.*

This is termed a report on the Bibliography of Insanity read at the meeting (1885) of the Association of Medical Superintendents of American Institutions for the Insane. Instead of being a report on Bibliography, it is a carefully prepared digest (with some few critical remarks) on the chapter in Sir James Stephens' History of the Criminal Law of England, which treats of the "Relation of Madness to Crime." The article is well worth reading by those who are anxious to inform themselves on Sir James Stephens' views on this subject and who have not the time to read the original.

B. S.